

## Instructions for Completing Iowa Eligibility Application

**Complete both sides of an application for each household. Each foster child is a household of one.**

**Part 1. All applicants should complete this part.** This application may be used to apply for benefits in school meals or milk programs, children's care centers and home based care for children. Check all boxes that apply to your family. You may make copies of a completed application for each program in which your child participates.

If your household receives **FIP or FOOD ASSISTANCE**, or your child is in **Head Start**, follow these instructions.

**Part 2.** List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. List the FIP number or the Food Assistance case number for each child. Take these case numbers from the Notice of Decision. If your child is enrolled in Head Start, provide a copy of the enrollment letter from Head Start. Provide ethnic and racial information if you choose. **NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable.**

**Part 3.** Skip this section.

**Part 4.** Read the certification and fill in all the blanks in this section.

If you are applying for a **FOSTER CHILD**, follow these instructions. A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court, and is considered a household of one.

**Part 1. Check the box for foster child.**

**Part 2.** List the child's name, date of birth, grade (if applicable), name of school/Head Start/child care center attended. Use one application for each foster child. Provide ethnic and racial information if you choose.

**Part 3.** Complete this section only if the child receives money for personal use. A Social Security Number is not required.

**Part 4.** Read the certification and fill in all the blanks in this section.

**ALL OTHER HOUSEHOLDS**, including WIC households, follow these instructions.

**Part 2.** List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose.

**Part 3.** Follow these instructions to report total household income from last month.

**Name:** List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

**Age:** List the age of each household member.

**Check if No Income:** Put a mark in the box if the household member **does not** have an income.

**Gross Income last month and how it was received:** Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, or monthly). List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income.

**Other Monthly Payments or Income:** List the amount each person got last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income Last Month** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME**. Use the Self-Employment Income Worksheet on the back of the application to calculate net income for self-owned businesses, farm, or rental income and report in the All Other Income Last Month column. **Do not report:** Scholarships, educational benefits, lump sum payments, children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Social Security Number:** If the application is being made on the basis of income, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box.

**Part 4.** Read the certification and fill in all the blanks in this section.